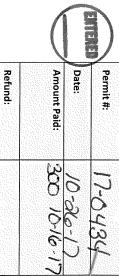
## SUBMIT: COMPLETED APP STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58 Washburn, Wi 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

way	_	×	_						rage	with Attached Garage	wi		Use	☐ Commercial Use	
	_	×	_							with (2 <sup>nd</sup> ) Deck	wi		<u> </u>		
	_	×	_							with a Deck	wi				
	_	×	_							with (2 <sup>nd</sup> ) Porch	₩.				
		×	_							with a Porch	w.		se	Residential Use	×
	)	×	_					4		with Loft	₩.				1
	_	×	_					tc.)	shack, e	Residence (i.e. cabin, hunting shack, etc.	dence (i.e.	Resi	1		
	)	×	_					property)	cture on	Principal Structure (first structure on property)	cipal Struc	ļ	Τ		
Square Footage	iions	Dimensions					O	Proposed Structure	Propose			•		Proposed Use	
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ō	Height:		1.0	$\alpha$	Width:	S	×	X,9,17 ::	-	levant to it) 2	lied for is re	it being appl	(if perm	Existing Structure: (if permit being applied for is relevant to it)	U
ý	404		,0,,	ارة ا	シナ	5	110	D	Town F	J					
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	C	Portable (w/service contract)	/service o	ble (w/		_	□ None	Use			-	Run a Business on	□ Run a		
llon)	ted (min 200 gallon)	aulted (mi	Privy (Pit) or   Vaul	(Pit)				2100	200	z-3t01 y		Relocate (existing bldg)	Reloca	100,000	L
		onif. T		) I	Canit	, ,	- 1			7-Story	<u>ا</u>	reion	Conversion		Ś
4	Specify Type: TANK	ecify Type		Sanit	(New) Sanitary			Foundation		1-Story + Loft	80	Addition/Alteration	⊠ Additi		•
Citv			]itv	jpal/(	☐ Municipal/Citv		X. 1	Basement	□ Bas	1-Story		☐ New Construction	New (		0
Water	iem !?	What Type of Sewer/Sanitary System Is on the property?	What Type of er/Sanitary Syson the propert	Sewi		ms Sm	# of bedrooms	Foundation	Four	# of Stories		Project		Value at Time of Completion * include donated time & material	0 0 0
	Ž								***************************************					☐ Non-Shoreland	
No	No		eline :	m shor	Distance Structure is from Snoreline :fee	Structu	Distance	inue +	If yescontinue	If yescontinue	MICHIEL TOO	perty/ Land			
Are	Is Property in Floodplain Zone?		eline : feet ::	m Shor	Distance Structure is from Shoreline:	Structu	Distance	Intermittent)	Stream (nd. Interm	# Is Property/Land within 300 feet of River, Stream (60. Intermittent)  Creek or Landward side of Floodplain? If yes.—continue —	within 300 side of Floo	Als Property/Land within 300 feet of F Creek or Landward side of Floodplain?	⊈ls Pro Creek o	X-Shoreland →	<b>74</b>
+0	AC AC	ler Mon.	My M				12	Bay 6,2		ge <u>05</u> w	N, Range	, Township <u>50</u>	04 , Tov	Section	
									•			177			
	a property and the second	sion:	Subdivision:	No.	Block(s) No.	Lot(s) No.	Lot(:	Vol & Page	CSM V	Lot(s) C	Gov't Lot	<b>Y</b>	7	22 10	
2017 R SC8SS Whetship)		17 R	2017					72	2	tement)	(Use Tax Stat	Legal Description: (Use Tax Statement)	Legal De	PROJECT LOCATION	
⊠ Yes □ No	N Yes	11845 1	Carried Contract	wash	3	BOX S	2013	-	15-209-0300	7/5	5	くてい	人へつくく	180 Ket	
Written Authorization	Writter	×	State/Zip)	e City/s	ess (includ	ng Addre	Agent Mailing Address (include City/State/Zip):		Agent Phone:		n behalf of Ow	g Application or	erson Signing	Authorized Agent: (Person Signing Application on behalf of Owner(s))	₽
Plumber Phone: 7/5-373-&070	715-		7	chan	Ba C1	5	Plumber:	Ž	Contractor Phone: フィターるスペーのスペ			<b>1</b>	BUILDING	Contractor: Lake Effect	ا′′ ك
					2	5489	5	アル	Bayfix	$\overline{\omega}$		R.	Pa#	56990 5	0.0
one:	Cell Phone:		7	-	XIICIO	200	7	1 1 1 1 1 1 1 1	City/State/Zip:	City/				Address of Property:	≥۱
Telephone: 715-779-3603	Telephone:	カ窓や	- T 2		ty/State/Zip:	City/State/Zip:	0	へ や: +	Mailing Address:	Mail	6		P -)		Q
□ OTHER	□ в.о.д. □		IAL USE	SPEC	JSE 🔲	ONAL L	☐ CONDITIONAL USE ☐ SPECIAL USE	□ PRIVY □		E □ SANITARY	M LAND USE		QUESTEI	TYPE OF PERMIT REQUESTED →	
									PLICANT.	EEN ISSUED TO API	MITS HAVE B	JNTIL ALL PER	RUCTION L	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	D

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Municipal Use

Þ 

Addition/Alteration (specify)

**Accessory Building Addition/Alteration** 

(specify)

Mobile Home (manufactured date) Bunkhouse w/ (□ sanitary, or

with Attached Garage

☐ sleeping quarters, or

cooking & food prep facilities)

W)

 $\times |\times| \times |\times| \times |$ 

نو

Accessory Building

(specify)

Other: (explain)

Conditional Use: (explain)

 $\times |\times| \times |$ 

(If you 100 າg on behalf ner(s) a letter of authorization must

Address

send

2

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Authorized Agent: Date 0

Signature of Inspector:  Hold For Sanitary:	(S): low	Was Parcel Legally Created Was Proposed Building Site Delineated Inspection Record: 2012 Paragraphy Inspection: 10 20 - (7)	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: 17-0434	(9) Stake or Mark Proposed Local  NOTICE: All Land Use F  For The Construction Of New On  The lo  Issuance Information (County Use Only)  Permit Denied (Date):	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	other previously surveyed corner of	Setback to Privy (Portable, Composting)  Setback to Privy (Portable, Composting)  3 5 Feet	Setback to Septic Tank or Holding Tank	Setback from the East Lot Line	Setback from the <b>South</b> Lot Line Setback from the <b>West</b> Lot Line	Setback from the Established Right-of-Way Setback from the North Lot Line	Sethack from the Center	(o) Setudors: (line	ō		(1) Show Location (2) Show / Indicate: (2) Show / Indicate: (3) Show Location of (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For TBA:	The or Board C	was Parcel Legally Created ed Building Site Delineated cord: 3013 pc. may generate the cord: 3	Case #:	rrd Lot ☐ Yes ership ☐ Yes rrming ☐ Yes	+	NOTICE: All Las Construction O	he other previously su e owner's expense.	marked by a licensed	e, Composting)	Holding Tank	Line	ot Line	hed Right-of-W	ine of Platted R	ption	7) above (prior		Show Location of:  Show / Indicate:  Show Location of (*):  Show:  Show:  Show any (*):  Show any (*):
or TBA:	を で を で で で で で で で で で で で に で に に に に に に に に に に に に に	Yes ONO		(Deed of Record) (Fused/Contiguous Lot(s))		tion(s) Permits ne & Tw cal Tow	rveyed corner, or veri	surveyor at the owne	(40) 6-4-64				/ay	oad	Description Me	to continuing)		(2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (Did Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold I		O 1 20 10 10 10 10 10 10 10 10 10 10 10 10 10			Permit Date:	of New Constructi Expire One (1) Year to Family Dwelling: n, Village, City, State Sanitary Number: Reason for Denial:	fiable by the Departn	minanum required se r's expense. it lace than thirty (30)	22		86			5	Measurement	3	* Sec	Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Affidavit:	てまり4 1 MSPA	2 cc 2 x x x x x x x x x x x x x x x x x	Prev	No Miti	10-26-1	ction, Septic ar from the D g: ALL Munici tate or Federa  r: TTL al:	nent by use of a co	feet from the min						Faat Se			A Hache	tition lan Frontage Road (Name Front res on your Property ptic Tank (ST); (*) Drain Field ( (*) Stream/Creek; or (*) Pond ) Slopes over 20%
	Ny need to be all	Were Property Lines Reprivate Was I	riously Granted I es A.No	Mitigation Required Mitigation Attached	-17	ic Tank (ST), Drai	rrected compass fror	ary line from which to		Setback to Well	Elevation of <b>Floodplain</b>	Setback from Wetland 20% Slope Area on the	atback from the	athack from the		Char	7	ne Frontage Roa n Field (DF); (*
Hold For Fees:	ached.)	Were Property Lines Represented by Owner Was Property Surveyed Name: No. built by Chamaia?	Previously Granted by Variance (B.O.A.)	□ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_	in field (DF), Holding Tiff Construction or Use Hauired To Enforce The Ualso require permits.  # of bedrooms:	n a known corner with	indary line from which the setback must be measured must be vis- minimum required setback the boundard line from which the set			dplain	Setback from Wetland  20% Slope Area on the property	Setback from the River, Stream, Creek Setback from the Bank or Bluff	s lake (ordinary	Description	Changes in plans must be approved		Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
	SHAM		A.) Case-#:			ding Tank (HT) The waiform Enits.	in 500 feet of the pr	asured must be visit					Creek	high-water m		st be approved		HT) and/or (*)
Date of Approval:	RT O	Tyes And		Affidavit Required Affidavit Attached		). Privy (P), and Well (W).  Degun.  Dwelling Code.  anitary Date:	oposed site of the st	not be most be most used		W		Conso.	ادرا			d by the Planning & Zoning Dept.		(*) <b>Privy</b> (P)
) val:	OR THING	(AG-1) on (3-neelly ction:		□ Yes VNo		14-15	tructure, or must	isly surveyed corner to the		0		SO F Ses ⊠No		\	Measurement	g & Zoning		

Village, State or Federal May Also Be Required

completed or if any prohibitory conditions are violated.

SANITARY - 17-127S SIGN -SPECIAL -CONDITIONAL -BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

	-												
No.	17-0434		Issue	d To: M	agda	len & Jen D	ale						
Location	n: <b>NW</b> ½ of	NE	1/4	Section	9	Township	50	N.	Range	5	W.	Town of	Bayfield
Gov't Lot	t	Lot		В	lock	Sı	ıbdivisi	on				CSM#	
Condit	mer): Any future e	uired \	JDC	permits	and i	nspections	shall	be o	btained	and	com	plied with	<b>)</b> .
											J	ennifer M	urphy
NOTE:	This permit expires	one yea as not be	ar from egun.	date of issu	uance if	the authorized of	construc	tion			Autho	orized Issuin	g Official
	Changes in plans of This permit may be	e void or	revoke	ed if any or	lile app	ilcation intormati	ng appro on is fou	oval. und			c	October 2	6, 2017
	to have been misre	∍presente e void or	ea, err revok	ed if any pe	erformar	nce conditions ar	e not					Date	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

# APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Date:

Permit #:

Refund:

**Amount Paid:** 

11-11-01 00b# 17-0441 10-30-17

Sayfield Co

2017

Checks are made payable to: Ba	ayfield Cor	Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	TO APPLICANT.						
TYPE OF PERMIT REQUESTED -> CHAPTER NAME: A No ld and fatric	ESTED→ DA	LAND USE SA	SANITARY   PRIVY	City/State/7	U SPI	CAT USE	548/4 7		OTHERelephone:
chty:	Hwy	4	City/State/Zip:	M ST	H1845			Cell Phone: 715 209	09 1836
Mark Sherman	2			Plumber: One bug	Plumbing	\$		Plumber Phone:	hone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))  Taka Third	ing Applica	ation on behalf of Owner(s))	Agent Phone: 1836	Agent Mailing Add	Agent Mailing Address (include City/Stace/Zip):	itake/Zip)	-	Written Au Attached	Written Authorization Attached □ Yes □ No
PROJECT Legal I	Legal Description:	ion: (Use Tax Statement)	Dart of	SCHOOL STATES	7685	Recorded		: (i.e. Prope	Document: (i.e. Property Ownership)
1/4,	1/4	Gov't Lat Lat(s)	CSM Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	sion:		
Section 23, To	, Township	SO N, Range	-W Ray	field		Lot Size		Acreage O,45	المر"
10.25	roperty/ or Land	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶	r, Stream (incl. Intermittent) If yescontinue	Distance Structure	ture is from Shoreline:	eline : feet	Is Property in Floodplain Zone?	erty in in Zone?	Are Wetlands Present?
Non-Shoreland Is P	roperty/	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	(e, Pond or Flowage If yescontinue	Distance Structure	ture is from Shoreline: fee	eline : feet	□ Yes	No	Yes
Value at Time of Completion * include donated time & material	Project	.t # of Stories	s Foundation	of bedrooms	Sew	What Typer/Sanita	What Type of Sewer/Sanitary System Is on the property?		Water
	New Construction	1-Story	□ Basement	<b>1</b>	★ Municipal/City   (New) Sanitary	- 1	Specify Type:		□ City
\$360,000 con	Conversion	2-Story	+	1 1	☐ Sanitary (Exists) Specify Type:	1 63 1	ecify Type:		Щ'
Run a Business on	a Busin	Run a Business on Property	Use Vear Round	X None	☐ Portable (w/service co	4 I D I	vice contract)	200 gallor	
					□ None				
Existing Structure: (if per Proposed Construction:	mit bein	Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:	Length: - 8	6	Width:	6	H H	Height: 25	The state of the s
Proposed Use	•		Proposed Structure	re	8		Dimensions		Square
		Principal Structure (first structure on property)	structure on property)	retail			86 x56		0844
Pacidontial lico	۲	with Loft				-	1 1		
	XX	with (2 <sup>nd</sup> ) Porch	rch					- α 	64
	*	with a-Dack	Patio				20 X S	-   Q	1800
Commercial Use		with Attached Garage	ed Garage			~ ~	×		•
<b>T</b>		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	<u>/, or □ sleeping quarters,</u>	or cooking &	or ☐ cooking & food prep facilities)	(s)	×	_	
		Mobile Home (manufactured date)	red date)			- -	×	_	
☐ Municipal Use		Accessory Building (specify)	(specify)			_ -	× >		He season the self-to-to-
		Accessory Building Addition/Alteration (specify)	tion/Alteration (specify	)		-	×		
		Special Use: (explain)					×		
		Other: (explain)				- -	×	_	
(we) declare that this application (in	ncluding an	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [1 (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct a large responsible for the detail and accuracy of all information ( (we) am fare) providing and that it will be relied upon by Rayfield County in determining whether to issue a near	<u>or</u> STARTING CONSTRUCTION In examined by me (us) and to the b	WITHOUT A PERMIT est of my (our) knowled	WILL RESULT IN PENdge and belief it is true,	VALTIES correct and	complete. I (we	) acknowledge	e that I (we) am
(are) responsible for the detail and a result of Bayfield County relying on a property at any reasonable time for t	ccuracy of a this informa the purpose	all information I (we) am (are) providination I (we) am (are) providing in or we of inspection.	ig and that it will be relied upon by ith this application. I (we) consent	Bayfield County in deta to county officials char	ermining whether to iss ged with administering	sue a permit. I county ordina	ue a permit. I (we) further accept liability which may be a county ordinances to have access to the above described	occept liability	which may be a bove described

Address to send permit

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m gr(s)}$  a letter

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S798/9

Fyou recently purchased the property send your Rec

Recorded Deed

Date

Date

ay

Authorized Agent:

Owner(s): \_\_\_\_\_\_\_\_(If there are Multiple Owners

n the Deed All

whers must sign  $\underline{or}$  letter(s) of authorization must accompany this application)

Hold For Sanitary: Hold For IBA: A.  **Bayes** 2017**  **Bayes**  **Bayes**		Case #:  Legally Created Ves   N  Site Delineated Ves   N  Case #:	Permit Denied (Date):  Permit #: 17-0441  Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Fused/Contiguous Lot(s))  Is Structure Non-Conforming Yes	(9) Stake or Mark Proposed Location(s) of New Construction,  NOTICE: All Land Use Permits Expire One (1) Year from the Construction Of New One & Two Family Dwelling: ALL The local Town, Village, City, State or Issuance Information (County Use Only)  Sanitary Number:	Setback to Septic Tank or Holding Tank  Setback to Drain Field  Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the owner prior to the placement or construction of a structure more than ten (10) feet but one previously surveyed corner to the other previously surveyed corner, or verimarked by a licensed surveyor at the owner's expense.	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	(8) Setbacks: (measured to the closest Description  Setback from the Centerline of Platted Road 1/3  Setback from the Established Right-of-Way	lete (1) – (7) above (prior to co		(1) Show Location of: Proposed' (2) Show / Indicate: North (N) (3) Show Location of (*): (*) Drivew (4) Show: (5) Show: (6) Show any (*): (*) Well (N) (7) Show any (*): (*) Wetlan
Hold For Affidavit: Hold For Fees:	Conditions Attached? Tyes Two-(If No they need to be attached.)  Much he districted in the building  Muilding Must timepertions Spect  When perhat timepertions Spect  Complete with the standard with	Were Property Lines Represented by Owndam, Work and Work Was Property Surve	for Denial: Date: /0-30-	Action (County Use Only)  New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  Privy (P), and Well (W).  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Date:	y (Portable, Composting)  The superfiction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visil veyed corner or marked by a licensed surveyor at the owner's expense.  Setback to Well  Feet  Yest  Feet  Setback to Well  Feet  Feet  Feet  Setback to Well  Feet  Feet  Feet  One of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visil veyed corner or marked by a licensed surveyor at the owner's expense.	Feet Feet Feet Feet Feet	Measurement  Measurement  Colorest point)  Description  Description  Description  Setback from the Lake (ordinary high-water setback from the River, Stream, Creek	Hw H	Property line	Property (regardless of what you are applying for)  Proposed Construction  North (N) on Plot Plan  (*) Prontage Road (Name Exontage Road)  (*) Lake; (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
	Date of Re-Inspection:  prous.  Literal Use Permit  no Offacred +  Date of Approval:	Case #:  Owner X Yes	Affidavit Required	ank (HT), Privy (P), and Well (W).  as not begun.  Iniform Dwelling Code.  Sanitary Date:	reet must be visible from one previously surveyed corner to the the setback must be measured must be visible from ret of the proposed site of the structure, or must be	□ Yes X No	Weasurement water mark) Feet	pproved by the Planning & Zoning Dept.	Then I'm	nd/or (*) <b>Privy</b> (P)

#### City, Village, State or Federal mits May Also Be Required

LAND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL - Goes with #17-0179
BOA -

### BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Arnold & Patricia Carver / John Thiel, Agent 17-0441 No. Issued To: Location: Town of **Bayfield** Township 1/4 of -Section Range 4 W. 1-21 Subdivision Lake View Heights Gov't Lot Lot Block CSM# For: Commercial Principal Structure: [1-Story; Retail Store (86' x 50') = 4,300 sq. ft.; Porch #1 (8' x 48') = 384 sq. ft.; Porch #2 (8' x 8') = 64 sq. ft.; Patio  $(20' \times 50') = 1.000 \text{ sg. ft.}$  1 Total Overall = 5.748 sg. ft. (Disclaimer): Any future expansions or development would require additional permitting. Condition(s): No wetland(s) shall be disturbed in the building process. Use of property and buildings must comply with Conditional Use Permit. Commercial building permit and inspections shall be obtained and complied with.

NOTE

This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

#### **Jennifer Murphy**

**Authorized Issuing Official** 

October 30, 2017

Date

# SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Contraction of the Contraction o	2		BAYFIEL	<b>APPLICA</b>
8	Date Stamp (Received)		COUN	CATION
2721	Received)	U	TY, W	FOR
3			/ISGO	PERM
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Amou	Date:	Permit #:
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ا ان ان		へ こ こ
	Amount Paid: \$65 10-3	10-33 10-33

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

∵ □ Is P	Section 6, Tu	1/4,	PROJECT LOCATION Legal I	DAVID CULBERSON	Authorized Agent: (Person Sign	Contractor: TRIBUICH CARTRUCTION	F/RE#377	Address of Property:	ROSSPIAL	Owner's Name:	TYPE OF PERMIT REQUESTED → NAND USE
☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶	, Township So_ N, Range 3	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))	STRUCTION	FIRE #37705 ROX POM FUND BOYPELD		ROSS POLATE LIMITED PARTIFICATION PO POOR 1436	)	
er, Stream (incl. Intermittent) If yescontinue —	W SA	CSM Vol & Page 2018	DHOLE THINET	62308623 1	Agent Phone: A	Contractor Phone: P	1	City/State/Zip:	11 128 cf	Mailing Address:	☐ SANITARY ☐ PRIVY ☐
Distance Structure is from Shoreline:	SAYTHLP	Lot(s) No. Block(s) No.	14	62308623 R BAPIK BAPPILS WI	Agent Mailing Address (include City/State/Zip):	Plumber:	M845 (M)		SIMILATION SE	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
<del></del>	S, 62 A	Subdivision:	Recorded Document	120	tate/Zip):				1915/100		IAL USE 🗆 B.O.A.
Is Property in Are Wetland Floodplain Zone? Present?	Acreage		Document: (i.e. Property Ownership	Attached □ Yes & No	Written Authorization	Plumber Phone:	612308863	Cell Phone:		Telephone:	A. OTHER

				000,000	٠ )		Value at Time of Completion * include donated time & material	Non-Shoreland	☐ Shoreland →	
	Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	≪ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶
				□ 2-Story	☐ 1-Story + Loft	<b>□</b> 1-Story	# of Stories		ו 1000 feet of Lake, Pon If ye	1 300 feet of River, Stree of Floodplain? If yo
	Sear Round	Use	Post Footings	X None	☐ Foundation	☐ Basement	Foundation		Pond or Flowage If yescontinue →	
		None		□ 3	□ 2	1	# of bedrooms in structure		Distance Strug	Distance Struc
None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:_	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline:	Distance Structure is from Shoreline:
		ntract)	ulted (min 200 gallon)	ify Type:	ify Type:		pe of ry System operty?		□ Yes ••No	Is Property in Floodplain Zone?
			2000	7	_ □ Well	□ City	Type of Water on property		□ Yes ÆNo	Are Wetlands Present?

* include donated time & material	Project	# OI Stories	Foundation	in structure	Is on the property?	on property
	\land New Construction	<b> L</b> 1-Story	□ Basement		☐ Municipal/City	☐ City
· )	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	□ 2	☐ (New) Sanitary Specify Type:	□ Well
000,000	☐ Conversion	□ 2-Story	Dance X	□ 3	☐ Sanitary (Exists) Specify Type:	7
	☐ Relocate (existing bldg)		Post Factions S		☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	on) Nave
	☐ Run a Business on		Use	None.	☐ Portable (w/service contract)	
	Property		<b>Year Round</b>		☐ Compost Toilet	
					None	
Tollation Official		* (c. so (c. so t+) (t.)	- D		gathering.	(1)
existing structur	existing structure: (If permit being applied for is relevant to it)	r is relevant to it)	Leigui.		Width.	. *
Proposed Construction:	uction:		Length: A	000	Width: くつ / Height: 2	
Barrier State Company						

Proposed Use	•	Proposed Structure	Dimensions	s Square Footage
		Principal Structure (first structure on property)	×	_
		Residence (i.e. cabin, hunting shack, etc.)	( ×	)
		with Loft	×	)
☐ Residential Use		with a Porch	×	
		with (2 <sup>nd</sup> ) Porch	( ×	)
		with a Deck	( ×	_
		with (2 <sup>nd</sup> ) Deck	×	
<b>₯</b> Commercial Use		with Attached Garage	( x	)
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	×	_
		Mobile Home (manufactured date)	×	
		Addition/Alteration (specify)	×	_
□ Municipal Use	4	Accessory Building (specify) 3-51 KED SHEO FOL NES	00×00)	0) 4000
prompte management and the contract of the con		Accessory Building Addition/Alteration (specify)	×	
Hec'd for Issuance	0			
) }		Special Use: (explain)	( x	)
		Conditional Use: (explain)	×	
Sporotorio Ct. E		Other: (explain)	×	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Date

Owner(s): (If there are Multiple Authorized Agent: OYS 1601 ATK LIMITED [CATALERS] IPONOMERS HIS OF AUTHORIZATION MUST accompany this application) (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date Ö 127

Address to send permit

ox below: Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of: Show / Indicate: Show Location of (\*):
- Show:
- Show any (\*): Show any (\*):
- (1) (2) (3) (4) (5) (6) Show:
- Proposed Construction
  North (N) on Plot Plan
  (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  All Existing Structures on your Property
  (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	ent	Description	Measurement
Setback from the Centerline of Platted Road / 4 &	180	Feet	Setback from the Lake (ordinary high-water mark)	530' Feet
Setback from the Established Right-of-Way	120	Feet	Setback from the River, Stream, Creek	NA Feet
		311	Setback from the Bank or Bluff	AA Feet
Setback from the North Lot Line	つり	Feet		
Setback from the <b>South</b> Lot Line	اح	Feet	Setback from <b>Wetland</b>	√// Feet
Setback from the West Lot Line	204	Feet	20% Slope Area on the property	□ Yes 🎾 No
Setback from the <b>East</b> Lot Line	10'	Feet	Elevation of Floodplain	Feet
				TO THE
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	//// Feet
Setback to <b>Drain Field</b>		Feet		The state of the s
Setback to Privy (Portable, Composting)	/ 010	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense. um required setback, the boundary line from nich the setback must be measured must be visible

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. marked by a li

# (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

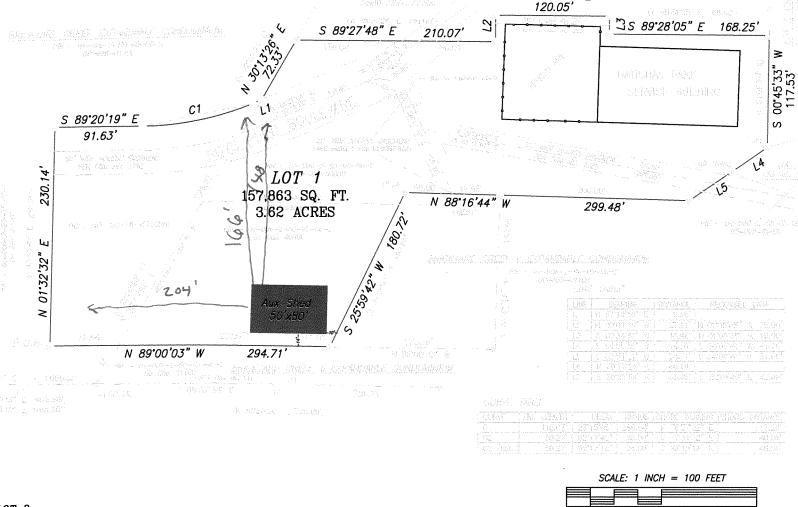
-			Hold For Fees:	Newscanning Community Comm	Hold For Affidavit:	THE PERSON NAMED AND PASSED AND P	Hold For TBA:		Hold For Sanitary:
10/30/201	Date of Approval:								Signature of Inspector:
						1	0 = 1		
	-			٠.	\$	\	te,	みしたけら	State
J	ty painba	50 r	子遣	hey need to be attai		tached? □Ye	Conditions At	ommittee or Boa	Myst Service Commercial Dulldlu Runnited it is Myst Service Commercial Dulldlu Runnited it
	Date of Re-Inspection:		こよく	Inspected by: Cobort Shirman	by: 666	Inspected	2017	10/20/2017	Date of Inspection:
	Lakes Classification (	ľ	to issur	1N. OK 7	loceti	plical +	ye com	1 a c 00	10 Identity
( PPB )	Zoning District (		160 + 18	sulds ha	ジャンストロ	70100	Der France	3,000	Inspection Record: Project location as identitied by applicant appears
□ No	Bryes CSM 20	호박	is Represented by Owner Was Property Surveyed	Were Property Lines Represented by Owner Was Property Surveyed			ed VYes I No	Was Parcel Legally Created ed Building Site Delineated	Was Parcel Legally Created Was Proposed Building Site Delineated
	NA	.A.) Case #:	/ Variance (B.O	Previously Granted by Variance (B.O.A.)	Pr		# <i>NA</i>	3.O.A.) Case #:	Granted by Variance (B.O.A.) ☐ Yes ONo
□Yes UNO	Affidavit Required		Oyes This	Mitigation Required Mitigation Attached	DNO W	ord) guous Lot(s))	☐ Yes (Deed of Record)		Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
				う	te: 10-31-17	Permit Date:		/3	Permit #: 17-0448
					ır Denial:	Reason for Denial:			Permit Denied (Date):
	Sanitary Date: NA		# of bedrooms: 24	4	lumber: ${\cal M}$ ,	Sanitary Number:	Use Only)	tion (County	Issuance Information (County Use Only)

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 2018

LOCATED IN LOTS 1, 2 AND 3 OF CERTIFIED SURVEY MAP NO. 211, RECORDED IN VOLUME 2 OF CSM ON PAGE 263 AND OTHER LANDS LOCATED IN GOVERNMENT LOT 2 OF SECTION 6, T. 50 N., R. 3 W., IN THE TOWN OF BAYFIELD, BAYFIELD COUNTY, WISCONSIN

BEARINGS ARE BASED ON THE WEST LINE OF THE NW 1/4 OF SECTION 6, ASSUMED AS S 00'22'45" W

COR. C. 6 ELL CASING



SW COR.
GOV'T LOT 2

ARE OUTSIDE DIAMETER

I PIPE, UNLESS NOTED OTHERWISE

, WEIGHING 1.13 LBS/FT,

( ) - RECORDED DATA

JOB NO.: N17/093 SCALE: 1 INCH = 100 FEET OCTOBER 24, 2017 DRAFTED BY: P. NELSON
FILE:N/T50NR3W/SEC6/
ACAD/2017\_RPLP\_CSM PSDATA/2017\_RPM
NB. 407 PG. 107 SHEET 1 OF 2 SHEETS

NELSON
SURVEYING
INCORPORATED
SURVEYING YOUR NECK OF THE WOODS SINCE 1954

S 89'31'11" E

101 W. MAIN STREET SUITE 100 ASHLAND, WISCONSIN 54806 (715) 682–2692 FAX: (715) 682–5100

100

MAP NO. CSM 2944 ©

200

#### Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0443	3	Issue	Issued To: Roys Point Limited Partnership							o / David Culberson, Agent			
Location	on: -	1/4	of -	1/4	Section	6	Township	50	N.	Range	3	W.	Town of	Bayfield	
Gov't Lo	ot		Lot	1	Blo	ck	Su	bdivisio	on				CSM# 2	2018	
(DISCIAI	imer): Ar	ny tutu	re expar	nsions or	development	would	y; <u>3-Sided S</u> d require addition on g permit if	nal perr	mitting.						
NOTE:	This perm	it exni	res one v	rear from r	date of issuan	nce if th	an authorized ee	notruotia			Rob Schierman				
	work or la	nd use	has not	begun.	Jate of Issual	ice ii ti	e authorized construction				Authorized Issuing Official				
	Changes i This perm	in plan it may	s or spec	cifications or revoked	shall not be n	vithout obtaining ation informatior	aining approval.								
	to have be	en mi	sreprese	nted, erro	neous, or inco	omplet	e.				October 31, 2017				
	This permit may be void or revoked if any performance conditions are not									Date					